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POST OFFICE BOX 94397
TELEPHONE: (225) 339-3800
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STEVE J. THERIOT
LEGISLATIVE AUDITOR

Application for Employment

Name: (Last, First, Middle)

Home Address: (Street, City, Zip)

Phone Number(s):

Home: ()

Cell: ()

Work: ()

May we contact you at work? ☐ Yes ☐ No

Type of employment you will accept:

☐ Full Time ☐ Part Time ☐ Temporary

Email address: _____

Position(s) applied for: _____

Minimum acceptable salary: _____

How did you learn about this position? _____

Are any members of your immediate family (children, brothers, sisters, parents, spouse, and parents of your spouse) employed by the Louisiana Legislative Auditor?

☐ Yes ☐ No If yes, please list name(s) _____

Do you now hold or are you a candidate for public office?

☐ Yes ☐ No

If yes, give office: _____ City/State _____

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Have you ever been removed from a position or resigned to avoid removal or disciplinary action? ☐ Yes ☐ No

If answers to either of the above two items are "Yes," you are required to explain below. A "Yes" answer will not automatically bar you from employment.

Explain a "Yes" answer to the above two questions. Show the law enforcement authority (city police, sheriff, FBI), the offense and sentence and/or the name and address of employer and reason for separation.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Are there any limitations under the Immigration Reform and Control Act on your eligibility to work in the United States?
☐ Yes ☐ No Proof of citizenship or employment eligibility will be required upon employment.

Can you drive an automobile if the job requires it? ☐ Yes ☐ No Driver's License # _____
If yes, do you possess a valid driver's license? ☐ Yes ☐ No State _____

Education

	Name	City/State	Years Completed	Did you Graduate?	Degree/Subject	GPA
High School						
College						
College						
Other						
Other						

List the number of credit hours earned in the following principle subjects:

Principle Subjects	Undergraduate		Graduate	
	Semester Hours	Quarter Hours	Semester Hours	Quarter Hours
Accounting				
Computer-Related				
Statistics				

Are you currently eligible to sit for the CPA exam? ☐ Yes ☐ No

Licenses, Certificates, and Professional Organizations

List professional licenses which you hold, name of licensing authority and license number:

List professional associations of which you are a member:

Employment History

1.

Current (Most Recent) Employer _____

Address (Street, City, State, Zip) _____

Phone Number: () _____ Employed From _____ To _____

Beginning Position Title _____ Last Position Held _____

Immediate Supervisor of Last Position Held _____ Last Annual Salary _____

Reason for Leaving (Be Specific) _____

Briefly Describe Your Job Responsibilities/Duties _____

2.

Previous Employer _____

Address (Street, City, State, Zip) _____

Phone Number: () _____ Employed From _____ To _____

Beginning Position Title _____ Last Position Held _____

Immediate Supervisor of Last Position Held _____ Last Annual Salary _____

Reason for Leaving (Be Specific) _____

Briefly Describe Your Job Responsibilities/Duties _____

3.

Previous Employer _____

Address (Street, City, State, Zip) _____

Phone Number: () _____ Employed From _____ To _____

Beginning Position Title _____ Last Position Held _____

Immediate Supervisor of Last Position Held _____ Last Annual Salary _____

Reason for Leaving (Be Specific) _____

Briefly Describe Your Job Responsibilities/Duties _____

References

Please list the names and telephone numbers of individuals, other than your current supervisor, who can provide information regarding your work performance. Current employer will not be contacted without your permission.

NAME	TELEPHONE NUMBER	RELATIONSHIP

Authority to Release Information

I certify that all of the facts given in this Application for Employment are true and complete to the best of my knowledge and hereby consent to the release of information and investigation of this information by employers, educational institutions, law enforcement agencies, credit agencies and bureaus, and other individuals and agencies to duly accredited investigators, personnel professionals/technicians and other authorized employees for the purposes of investigations as prescribed by law.

I understand that consideration for employment is contingent upon the results of reference checks and a criminal history check. If it appears likely that an adverse decision regarding my employment with the Louisiana Legislative Auditor may be made based entirely or in part on information contained in a criminal history report, I understand that I will be notified of this possibility before a final decision is made and provided with a copy of the criminal history report.

I also understand that my employment may be contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment. I certify that I do not use, and have not in the past ninety (90) days used, illegal drugs.

I understand that false statements are grounds for my application for employment being denied and my name removed from the eligible register and/or subject me to dismissal from state service.

I understand that, if employed, I will be an employee at will; that is, my employment will be for no definite period of time, but rather, will be subject to termination by myself or the Legislative Auditor at any time for any reason.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE STATEMENT.

Signature: _____ Date: _____

The Louisiana Legislative Auditor is committed to a policy of nondiscrimination and equal employment opportunity for all persons regardless of race, color, religion, age, sex, national origin, disability, sickle cell trait, veteran status, sexual orientation, or any characteristics protected by law.

1/24/08